Enrollment and Authorization for e-Services Program

DR-600 R. 06/04



This form can be completed online at www.myflorida.com/dor; click on "e-Services."



Note:

To enroll for multiple taxes/fees, you must use a separate form for each or enroll once online.

		SE	CTION	I 1 – CH	ECK 1	THE BOX THAT API	PLIES				
Initial enrollment or change in filing/payment method Complete all sections.				Bank ch Complete	•	ons 2, 4, and 5.		ress or contact person chang nplete Sections 2 and 5.			
SECTION 2 – BUSINESS INFORMATION											
Business entity name											
FEIN/SSN						Tax account/certificate number	or (if different from E	EIN/SSN)			
I LIIV/33IN						Tax account certificate number	er (ii dillerent nom i	LIIV/35IV)			
Contact Information for Electronic Payments						Contact Information for Electronic Returns					
Name						Name					
Mailing address						Mailing address					
City/State/ZIP						City/State/ZIP					
Telephone number (incl. area co	ode)	Fax numbe	r (incl. area	code)		Telephone number (incl. area	code)	Fax number (incl. area code)			
C mail address						C mail address					
E-mail address						E-mail address					
Contact is a: company e	mployee	non-related t	ax preparer			Contact is a:company employeenon-related tax preparer					
If tax preparer, provide Prepare	r Taxpayer Iden	tification Number	er (PTIN):			If tax preparer, provide Preparer	rer Taxpayer Identif	ication Number (PTIN):			
If unemployment tax (UT) agent	t provide LIT Ac	aent Number:				If upomployment toy (LT) greet, provide LT Agent Number:					
ii dilemployment tax (01) ageni	i, provide o i Ag	gent ramber.				If unemployment tax (UT) agent, provide UT Agent Number:					
	SECTIO	N 3 – TA	X/FFF	TYPF A	ND FII	LING/PAYMENT ME	ETHOD SEI	FCTION			
select the reporting me	ethod you i f orm for ea	intend to u ach one or	se, and enroll v	check the	e appro	priate box. Note: If yo	u wish to enr	ate the tax you want to enroll for oll for multiple taxes/fees, you ation allows you to enroll for all			
Tax/Fee Type		Software direct file (ACH-Debit)	EFT only WACH E	EFF only wACH-Credit* Telestie wACH-Credit*	Telefile w/ACH-Credit*	Tax/Fee Type	Internet file and pay (ACH-Debit) Software	Softwaredirect file (ACH-Debty) Carrier Software (information only) EFT only wACH-Debty EFT only wACH-Debty Telefile wACH-Debty Telefile wACH-Credit*			
Sales and use tax						Insurance premium tax					
Solid waste and surcharge						Mitigation fees					
Unemployment tax						Pollutants tax					
Fuel tax (wholesaler/carrier) Fuel tax (local govt/mass transit)						Documentary stamp tax Hwy Safety and Motor					
Communications services tax						Vehicles fees					
Corporate income tax					-	Div of Retirement remittance					
Corporate intangible tax					-	University insurance premium					
Severance tax/solid minerals					_	Business and Professional					
Gross receipts tax						Regulation fees					
Oil and gas production tax						Tobacco fees Reverge fees					
Gas and sulfur production tax						Beverage feesPari-mutuel fees					
Clerk of Court remittance											

^{*} You must supply a letter that states a valid business reason for selecting the ACH-Credit method. Valid reasons include your previous use of this method in other business-related activities, or internal controls within your business regarding ACH transfers.

SECTION 4 – BANKING INFORMATION									
Bank Name	ABA Routing/Transit No.								
Bank Account No	This is a checking savings ac	ecount.							
If this is notification of a bank change, provide the effective date of the change	e: Day / Year								
SECTION 5 – ENROLLEE AUTHO	ORIZATION AND AGREEMENT								
This is an Agreement between the Florida Department of Revenamed herein, hereinafter "the Enrollee," entered into pursuan Administrative Code.									
By completing this agreement and submitting this enrollment r Department to file tax returns and reports, make tax and fee p electronically. This Agreement represents the entire understar returns, reports, and remittances.	ayments, and transmit remittance	es to the Department							
The same statute and rule sections that pertain to all paper do electronic return, report, payment, or remittance initiated elect									
I certify that I am authorized to sign on behalf of the business this document has been personally reviewed by me and the fa selected above, I hereby authorize the Department to present depository designated herein (ACH-Debit), or I am authorized all responsibility for the filing of payments through the ACH-Cr	acts stated in it are true. According debit entries into the bank account or register for the ACH-Credit pa	ng to the payment method unt referenced above at the							
Signature	Title	Date							
Second signature (if dual signature account)	Title	Date							

Change/update requests for some taxes can be made online if you are already enrolled and have your user information.

Complete and mail this form to:

E-SERVICES UNIT FLORIDA DEPARTMENT OF REVENUE PO BOX 5885 TALLAHASSEE FL 32314-5885 Fax 850-922-5088 Or enroll online: www.myflorida.com/dor Click on "e-Services" Call for assistance: General taxes

800-352-3671 850-488-6800

Unemployment tax only 800-482-8293